

**LIMITED PARTNERSHIP**

**STATE OF MAINE**

**STATEMENT OF INTENTION TO DO  
BUSINESS UNDER AN ASSUMED NAME**

\_\_\_\_\_  
(Name of Limited Partnership)

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

Pursuant to 31 MRSA §405.3., the undersigned, a limited partnership (formed under the laws of the State of Maine) (formed under the laws of the State of \_\_\_\_\_, and authorized to do business in Maine), gives notice of its intention to do **business** in this State under an assumed name:

**FIRST:** The address of the registered office of the limited partnership in the State of Maine is \_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**SECOND:** The limited partnership intends to transact business under the assumed name of \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE FOLLOWING IF APPLICABLE**

**THIRD:** If such assumed name is to be used at fewer than all of the limited partnership's places of business in this State, the location(s) where it will be used is (are):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Additional locations are attached hereto as Exhibit \_\_\_\_, and made a part hereof.

DATED \_\_\_\_\_

**GENERAL PARTNER(S)\***

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For General Partner(s) which are Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*Certificate **MUST** be signed by  
(1) at least one **general partner** OR  
(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**